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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) P-1471-US1 | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------------------|--|--|-------|----|---|-------|----|--|-------|-------|--|---------|----|--|---------|----|
| In re Application of: | GEVA, Jacob et al. | | | | | | | | | | | | | | | | | | | |
| Application Number: | 10/086,633 | Examiner: RAYMOND, E. | | | | | | | | | | | | | | | | | | |
| Filed: | March 4, 2002 | Group Art Unit: 2857 | | | | | | | | | | | | | | | | | | |
| For: | PERSONAL AMBULATORY CELLULAR HEALTH MONITOR | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><thead><tr><th></th><th>Large Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$420</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$950</td><td>\$950</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1,480</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2,010</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half and the resulting fee is: \$475</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>05-0649</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>14 January 2004</u> Date</p> <p><u>Caleb Pollack</u> Signature Caleb Pollack, Reg. No. 37,912 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | Large Entity Fee | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 | \$950 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,480 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,010 | \$ |
| | Large Entity Fee | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | \$ | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 | \$950 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,480 | \$ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,010 | \$ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.